MULTIPLE DEPENDENT CLAIM								SERIAL NO.					FILING DATE		
FEE CALCULATION SHEET								10/557103				>			
(FOR USE WITH FORM PTO-875) APPLICANT(S)															
							CLAIM	S							
İ	AS FILED			AFTER		AFTER			AS FILED		AFTER		AFTER		
	IND. DEP.		IND. DEP.		2 MAMENDMENT IND. DEP.			-			1" AMENDMENT		2 MAMENDMENT		
1	I I	DEI.	дур.	DEP.	IND.	DEP.	1	51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2								52		 	 			<u> </u>	
3	 							53							
5	 		 		ļ		•	54							
6				ļ —				55 56							
7							1 1	57						<u> </u>	
.9	╂─┼─						1 1	58							
10							ŀ	59 60							
11	,						İ	61							
12 13	 	+-						62			·				
14			;				ŀ	63 64			ļ				
15								65							
16 17	 				-			66							
18							ŀ	67 68							
19								69							
20 21	 							70							
22							\	71 72							
23		1					ŀ	73							
24 25	 						-	74							
26							-	75 76							
27							t	77							
28 29							F	78							
30		· ·					-	79 80							
31								81							
32 33							-	82							
34							-	83 84							
35								85					<u> </u> -		
36 37							-	86							
38							-	87 88							
39								89							
40 41							F	90							
42							-	91 92							
43								93						——	
44 45							<u> </u>	94							
46							-	95 96							
47		-1						97		f				——	
48 49								98							
50							 -	99 100							
TOTAL IND.	4	1		1			-	TOTAL							
TOTAL		_		_ F		T		IND. TOTAL		*]	*		▼	
DEP.	91	7				~		DEP.		←		←	•	(-	
TOTAL CLAIMS	<u> </u>	4.						TOTAL CLAIMS		C DEPART		12			
PTO - 1360	(REV. 11/04)									.S. DEPARTN atent and Tra					